

Richard Vigorelli, LAc
Vigorelli Integrated Medicine

Mobile Acupuncture
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Patient Information Sheet

Name: _____
Last First Middle

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Age: _____ DOB: ___/___/___ Sex: M F Marital Status: S M D W

Emergency Contact: _____
Name Relationship Phone

Address

Place of Birth: _____ Social Security Number: _____ - _____ - _____

Occupation: _____ Employer: _____

Where did you hear about us?: _____

Insurance

Currently, we do not take insurance. If however you would like to be reimbursed by your insurance company, we will gladly prepare a super-bill after the 5th visit.

Cancellation Policy

Vigorelli Integrated Medicine requests that you the patient provide 24 hour notice of a cancellation. **Failure to provide notice or simply not being available for the already scheduled appointment will result in your account being charged for the missed appointment at the standard fee. There are NO REFUNDS given or returns accepted on any herbal medicines.**